

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	T-G		10/15/01
O.I.P.E. CLASSIFIER			10/15/01
FORMALITY REVIEW	Ted	JCI/97	11/07/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	3/27/01
2	✓	✓	10/8/01
3	✓	✓	10/8/01
4	✓	✓	10/8/01
5	✓	✓	10/8/01
6	✓	✓	10/8/01
7	✓	✓	10/8/01
8	✓	✓	10/8/01
9	✓	✓	10/8/01
10	✓	✓	10/8/01
11	✓	✓	10/8/01
12	✓	✓	10/8/01
13	✓	✓	10/8/01
14	✓	✓	10/8/01
15	✓	✓	10/8/01
16	✓	✓	10/8/01
17	✓	✓	10/8/01
18	✓	✓	10/8/01
19	✓	✓	10/8/01
20	✓	✓	10/8/01
21	✓	✓	10/8/01
22	✓	✓	10/8/01
23	✓	✓	10/8/01
24	✓	✓	10/8/01
25	✓	✓	10/8/01
26	✓	✓	10/8/01
27	✓	✓	10/8/01
28	✓	✓	10/8/01
29	✓	✓	10/8/01
30	✓	✓	10/8/01
31	✓	✓	10/8/01
32	✓	✓	10/8/01
33	✓	✓	10/8/01
34	✓	✓	10/8/01
35	✓	✓	10/8/01
36	✓	✓	10/8/01
37	✓	✓	10/8/01
38	✓	✓	10/8/01
39	✓	✓	10/8/01
40	✓	✓	10/8/01
41	✓	✓	10/8/01
42	✓	✓	10/8/01
43	✓	✓	10/8/01
44	✓	✓	10/8/01
45	✓	✓	10/8/01
46	✓	✓	10/8/01
47	✓	✓	10/8/01
48	✓	✓	10/8/01
49	✓	✓	10/8/01
50	✓	✓	10/8/01

11/07/01  
If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

BEST AVAILABLE COPY

2/86  
11/07/01